

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 12/18/2012
 Voucher Vchr VchrLineDescr

#0000222109

12.21.12

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amou
Number	Line		Line#	Description			Withhold	Year	Month			
00319250	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	12	0000096370	Adams, R. 12.10-	570.00
Total For Voucher												570.00

MM

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00319250
 Voucher Style: Regular
 Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

Invoice Number: Adams, R. 12.10-12.14.12
 Invoice Date: 12/17/2012
 Total: 570.00

*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 570.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 12/17/2012 

Net Due: 12/17/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Message will appear on remittance advice.

Pay Group:

*Handling: RE

*Netting: N 

Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 12.10-12.14.12
 Voucher ID: 00319250 Invoice Date: 12/17/2012
 Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
 Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

[illegible]STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

12/14/2012

AGENCY	VOUCHER NUMBER

CODE	66500	00317250
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[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle	<input type="checkbox"/> Check if personal vehicle	License #:	GS1984
	Year:	2011	Model:	Allima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.	
	Course Name:	Meeting with Staff in Santa Fe

Travel Information	Date of Request:	12/07/12	Destination:	Santa Fe
	Departure Date: (month/day/yr)	12/10/12	Time: 06:00	AM
	Return Date: (month/day/yr)	12/14/12	Time: 06:00	PM

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues					
546800: Registration - Employee					\$ 0.00
546800: Registration - Vendor					\$ 540.00
549600: Airline Cost - Vendor					\$ 0.00
Airline Cost - Employee					\$ 0.00
Baggage Fee					\$ 0.00
Shuttle Fee					\$ 0.00
Taxi Fee					\$ 0.00
Parking Fee					\$ 30.00
Mileage @ .41 per mile					\$ 570.00
Miscellaneous Expense: days @ \$6 per day					\$ 0.00
Car Rental: days @ per day					\$ 0.00
542100: In-State Mileage: @ .41 per mile					\$ 0.00
542200: In-State Per Diem: @ \$85/day					\$ 0.00
Santa Fe Only: 4 @ \$135/day					\$ 540.00
549700: Out-of-State Per Diem: @ \$115/day					\$ 0.00
Actuals: @ /day					\$ 0.00
With meals: @ \$45/day					\$ 0.00
Partial day: @ \$12/2-6 hrs					\$ 0.00
Partial day: @ \$20/6-12 hrs					\$ 0.00
Partial day: 1 @ \$30/12 or more hrs					\$ 30.00
Total reimbursement to employee					\$ 570.00
Total cost of trip					\$ 570.00

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Employee Signature _____ Date 12/10/12

Supervisor/Bureau Chief Signature _____ Date

Division Director/Hospital Administrator (As per specific division requirements) _____ Date

Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) _____ Date